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ABSTRACT

The study of multiple personality is important because this disorder is severely disruptive to the individual and because further insights into other behavior disorders and the development of normal personality and behavioral functioning may emerge. A 26-year-old female experienced a conscious personality which determined the extent to which both she and a second personality controlled behavior. Her second personality was conscious only in the controlled behavior situation; the first personality appeared during the other time periods as blackouts. The dominant personality emerged following a traumatic childhood event and gradually assumed control of behavior for approximately 80% of a given time period. As in virtually all reported cases of multiple personality, striking and complementary differences in the sociability, roles, interests, temperaments, and levels of functioning were exhibited in the client's personalities. Multiple personality individuals often possess ambivalent attitudes toward each other and discplay additional psychopathology. Their childhoods are usually characterized by severe family discord or instability and by obvious psychopathology in at least one parent. Some success in treating multiple personalities has been reported by therapists with psychoanalysis, behavioral therapy, hypnotherapy, family systems therapy, and general supportive therapy approaches. (NRB)

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A CASE HISTORY AND COMPARATIVE STUDY OF A MULTIPLE PERSONALITY

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A Case History and Comparative Study of a Multiple Personality

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The diagnostic criteria for multiple personality require (a) the existence within the individual of two or more distinct personalities, each of which is dominant at a particular time, (b) the personality that is dominant at any particular time determines the individual's behavior, and (c) each individual personality is complex and integrated with its own unique behavior patterns and social relationships (American Psychiatric Association, 1980). Taylor and Martin (1944) identified 76 cases that met these criteria for multiple personality, and since their review approximately fifty additional cases have been described at least briefly. Though multiple personality thus remains a rare disorder it may be more common than is usually supposed because it is probable that not all cases are reported in the literature.

The rarity of multiple personality precludes a rigorous scientific approach to its study. However, the study of multiple personality is important because this disorder is severely disruptive for persons who experience it, and because this study may provide further insight into other behavior disorders, especially other hysterical and dissociative reactions, and may provide further clues regarding the development of normal personality and behavioral functioning. Thus, it seems important to examine the cases of multiple personality that do appear for any additional insight that they may provide. This paper presents the case history of a multiple personality with whom the writer worked for several months, and then compares this case with other reported cases of this disorder.

Case History

Mrs. Z., the 26-year-old wife of a college student, contacted the writer at a university psychological clinic for help with marital problems that were leading to divorce. She herself was not a student but currently was working as a waitress.

At the third therapy session she reported, "I really don't care about my marriage; my real problem is that I'm a multiple personality." She said that other therapists had given her this diagnosis but had been unable to help her. Though the writer was quite skeptical regarding the validity of this diagnosis, all doubt was removed during the remainder of this session and the thirty sessions that followed during the next six months. At that time I referred her to a clinical psychologist in private practice who had more experience working with hysterical and dissociative reactions.

At this third therapy session Mrs. Z. explained that she had two personalities (Jane, who now was talking, and Kay, who now was unconscious).

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Jane was always conscious, and she determined the extent to which both she and Kay controlled behavior. Though Jane was always aware of what Kay was doing and experiencing, Kay was conscious only when she controlled behavior; the time periods when Jane controlled behavior were experienced by Kay as blackouts. Jane chose to control behavior about eighty percent of the time. Jane could not explain clearly how she permitted the changes in personality to take place, saying that Kay appeared when she "relaxed" in a certain way. Jane relinquished control of behavior to Kay during this third therapy session, and my interaction with Kay lasted about fifty minutes.

When Kay assumed behavioral control there were striking and obvious changes in the verbal and other behaviors of the client. Whereas Jane had been relaxed, self-assured, articulate, assertive, and uninhibited, Kay was extremely tense, timid, cautious, and frightened. Her hands and entire body trembled constantly, her respiration was irregular, her voice was softer and lower in pitch, and her vocabularly was more limited than Jane's. She glanced around the room apprehensively and often was on the verge of tears. She politely inquired as to where she was and who I was. When I told her that I was a psychologist she, having been in therapy with other therapists, immediately adapted to the client-therapist relationship.

When she learned that it had been several weeks since she had been conscious and in control of behavior for any significant length of time she exclaimed emphatically regarding Jane, "I want her out of my life!" She then anxiously counted the money in her purse and exclaimed, "Well, at least this time she didn't leave me broke!" She was totally distraught at the possibility of a divorce, saying, "I can't, just <u>can't</u> get along without Alex!" Kay remained in control of behavior during the remainder of this session, and at its conclusion she obviously was confused and bewildered regarding the location of the building that she was in, the floor of the building that she was on, the location of the stairways, and where her car was parked. Before she left my office I asked her if she would be "all right" and she said, "Yes, this happens to me all the time, and if I need help, help will come." When asked what she meant by "help" she said, derisively, "Jane, or whatever she calls herself." Words cannot convey the difference between the vivacious, extroverted, mildly supercilious person who came into my office and the frightened, bewildered, anxious, and depressed person who left my office. Their only similarity seemed to be that they both had smoked cigarettes during the therapy session.

This case report is distilled from this and the next thirty therapy sessions, which included numerous interactions with both Jane and Kay. The differences between Jane and Kay noted in the third therapy session were maintained during all of the following sessions, except that Kay became less anxious and bewildered as she became acquainted with me and as she learned more about the events currently taking place in her life. The distinction between the two personalities was verified by many incidents during the therapy sessions. For example, one therapy session began with Kay who, as usual, was smoking a cigarette. After about ten minutes Jane assumed control and the session was continued with her for about forty minutes, at which time Kay reappeared. That Kay obviously

was surprised and taken aback by the additional ashes that had accumulated in the ashtray from Jane's smoking during the time that she was in control provides incidental verification that Kay was unaware of this forty-minute interruption. There is not the slightest doubt that the personality who presented herself as Kay was never conscious during my interactions with the personality who presented herself as Jane. It was virtually impossible to respond to Jane and Kay as the same person; even their physical appearances differed due to differences in mannerisms, posture, and facial expressions.

Jane and Kay both reported that Jane began to develop following a particularly traumatic event (described later) at about the age of seven. At first Jane assumed control of behavior only to help Kay when she was in difficult or threatening situations, but later she began to usurp an increasingly larger portion of Kay's existance until she now blocked Kay out of existance about eighty percent of the time. As a result, Kay was very immature, having been deprived of many years of experiences. She was extremely passive, had no active interests, and spent all of her time at home watching TV or just waiting for the time to pass. She had no social relationships at all except with her husband, upon whom she was totally dependent. She was in a continual state of fear and panic; her phobias included winds, lightening, insects, and darkness. Whenever she heard on TV that a murder or robbery had occurred in a distant city, she was convinced that the murderer or robber was on his way to kill or rob her; no amount of discussion regarding the improbability of those events had any effect. Whenever her husband was away from home she placed heavy furniture in front of the doors (even during the day) and would leave the lights on all night. She often hallucinated that coffins with living corpses were in her bedroom; these corpses were deceased relatives and acquaintances who had returned to torment her and make fun of her. Jane also was preoccupied with death, but in very different ways; when she was younger she sometimes attended the funerals of persons whom she did not even know just "for the fun of it." Jane occasionally talked of suicide, and she made a few suicidal gestures during the months that I was her therapist, but she decided that suicide was unacceptable because it would result in Kay's death. Kay, however, never mentioned suicide.

As suggested above, Kay's reaction to Jane was one of hostile antagonism, mitigated to some extent by her dependence on her. Kay felt that Jane was an intruder who had usurped her life. On this point, Jane agreed. Jane said that Kay had been here (was born) first, that it was her physical body that she was occupying, that she often felt guilty about taking over so much of Kay's life, and that "the life belongs to Kay." But she said that she became bored with Kay's limited life-style, became impatient with her immaturity and simplicity, and thus found it intolerable not to be controlling behavior during much of the time. Furthermore, she explained that it now was necessary for her to control behavior most of the time because Kay was too immature to cope with most life situations. However, she also stated that it would be a "strain" to be in control of behavior all of the time, and that she felt that it also would be "unethical" for her to control behavior all of the time because that would prevent Kay from having

a life. She also admitted that at times she rather mischievously allowed Kay to assume control because she found her struggles to cope with life to be quite amusing. Several times during therapy Jane said that she would "like to get out of the picture entirely" so that there would be only one consciousness, Kay's.

In contrast to Kay's personality and life-style, Jane was socially active, energetic, self-assured, mildly unscrupulous, somewhat manipulative in interpersonal situations, had many friends, and was acquainted with a large number of persons (some of whom she had informed of her multiple personality problem). She appeared to be above average in intelligence, has a wide variety of interests, and did a lot of reading. Kay, however, had very limited reading skills, did virtually no reading, and once reported that sometimes while watching TV she was surprised to suddenly realize that she had in her hands a book about which she had no interest whatever.

Whereas Kay's reaction to Jane was primarily that of hostile antagonism tempered by her dependency on her for skills that she herself lacked, such as driving the car, most reading, arithmetic computations, and writing checks, Jane's reaction to Kay was more ambivalent. She often was supercilious and condescending to Kay, and she regarded Kay's hallucinations as amusing diversions (e.g., "Kay's just hilarious when she imagines those things") and her fears as contemptibly ridiculous (e.g., "she can't even watch a detective show on TV or see a little bug go across the floor without becoming scared silly"). However, Jane at times also was quite sympathetic to Kay and felt mildly guilty for the things that she did to her (such as placing her in difficult social situations and not allowing her to be conscious enough of the time to keep adequately abreast of the events in her life), and she often felt sorry about her fears and the difficult life that she lived as a result of the multiple personality problem.

As stated above, both Kay and Jane reported that Jane had begun to evolve shortly after a particularly traumatic event at about the age of seven. This event occurred when Kay was attending the funeral of an uncle. Kay had not wanted to look into the casket, but her father (a fundamentalist minister, severe moralist, and often physically abusive disciplinarian) not only forced her to look into the casket but also whispered "Boo!" to her when she did so. It was at this point that Kay became excessively preoccupied with death, and at which Jane emerged to protect her from threatening events, especially those related to death. Most strikingly, Kay's mother died when she was 16 years old, but Jane blocked Kay out of awareness during the funeral and then protected her from the knowledge of her mother's death for the next ten years.

When Kay one day became aware of her mother's death (during the months that I was her therapist) she called me for an emergency session at which she cried uncontrollably for more than an hour. This reaction was due to the loss of a presumed dependency relationship as well as to natural grief, since Kay felt very dependent on her mother. The quality of this dependency relationship probably was more fantasized than real, however,

since Jane and Kay both had reported that their mother had been almost totally dominated by their father and that she had not provided much support or been a very important part of their lives during the childhood years. At this session Kay also expressed extreme anger and rage against Jane for keeping this knowledge from her for all these years. Later Jane said, "I'm sorry I had to let her know about her mother's death, but I thought I should do it now while she has a therapist to talk to about it. She really should know about it." Jane had informed Kay of her mother's death by leaving on the kitchen table a letter written eight years earlier by her father in which he had referred to her mother's death. This incident illustrates the way that Jane communicated with Kay; she wrote notes to her or provided other clues that allowed her (often with considerable effort) to keep abreast (often rather poorly) of the events occurring in her life.

Kay apparently suffered more than Jane from this multiple personality condition. Her life was severely fragmented; she was continually placed in situations to which she had to respond with insufficient data. For example, she sometimes found herself living in strange apartments to which Jane had moved without her knowledge (this occurred once while she was seeing me), was expected to interact socially with people whom she did not know, was often unaware of the status of her financial and marital situation, and usually did not even know the day of the week or the date of the month. Her skills, knowledge, and maturity were severely limited by the extensive periods of time that she had been unconscious. Furthermore, she was totally alone in the world; she has lost contact with her relatives and she had no friends. Her only interpersonal relationships of any significance whatever were with her husband (from whom divorce was imminent), myself, and Jane. Though Jane apparently suffered less than Kay, she felt that she was an intruder in someone else's life and that she was "not a real person" but was compelled to impose her personality on that of someone else. Multiple personality is truly an unfortunate disorder.

Comparison with Other Multiple Personalities

This client, like approximately three-fourths of the 76 multiple personality cases reviewed by Taylor and Martin (1944), was a female, and like more than one-half of these cases she displayed two (rather than three or more) personalities. Like almost all of those cases she displayed alternating personalities (two or more disparate personalities functioning as conscious, dominant personalities only one at a time), like almost one-half of those cases this client was one-way amnesiac (Jane was aware of Kay's experiences but Kay was unaware of Jane's experiences), and like approximately one-third of those cases one of the personalities (Jane) was coconscious (aware of events occurring in the world even when not in control of behavior). A coconscious personality sometimes may exert some minimal control over behavior even when the other personality is dominant (Taylor & Martin, 1944), as may have occurred when Jane caused Kay to have a book in her hands that she (Kay) was not reading.

As in virtually all reported cases of multiple personality there were striking and largely complementary differences in the socialability, roles, interests, temperaments, and levels of functioning of this client's personalities. Like this client, multiple personalities often are reported to have ambivalent attitudes toward each other and almost always are reported to display additional psychopathology, such as depression, phobias and other neurotic disorders, psychotic symptoms, and suicidal ideations or attempts. Some multiple personalities, like this client, seem to be inordinately preoccupied with death or to have had an especially traumatic experience with death during childhood. Copeland and Kitching (1937) reported that their client imagined that her deceased father often returned to visit her, and Thigpen and Cleckley (1957) reported that their client had been forced to kiss her dead grandmother; this hallucination and traumatic experience are strikingly similar to those reported by this client. As with this client, multiple personalities often are reported to begin emerging during the childhood or teenage years, with specific traumatic events sometimes regarded as of special importance (e.g., Beal, 1978; Prince, 1916; Thigpen and Cleckley, 1957).

As with this client, the childhoods of almost all multiple personality clients are characterized by severe family discord or instability (e.g., Atwood, 1978; Congdon, Hain, & Stevenson, 1961; Horton & Miller, 1972; Howland, 1975; McKee & Wittkower, 1962; Price & Hess, 1979; Schreiber, 1973; Winer, 1978) and by obvious psychopathology in at least one (and often both) parents. The fathers of multiple personalities have been described as alcoholic, suicidal, psychotic, sexually deviant or, as with this client, abusive and severely moralistic (e.g., Congdon et al., 1961; Cory, 1919; Danesino, Daniels, & McLaughlin, 1979; Hall, LeCann, & Schoolar, 1978; Lipton, 1943; McKee & Wittkower, 1962; Smith & Sager, 1971). The mothers often are described as weak, ineffectual, or otherwise unavailable to the child for confiding, as with this client or, conversely, domineering and overprotective (e.g., Berman, 1975; Congdon et al., 1961; Horton & Miller, 1972; Jeans, 1976; Lipton, 1943; McKee & Wittkower, 1962; Wagner & Heise, 1974; Winer, 1978). Most striking, however, is the large number of multiple personality clients who, like this client, come from families where at least one parent (usually the father) and sometimes both parents are described as displaying pronounced religious, authoritarian, or perfectionistic orientations (e.g., Beal, 1978; Congdon, et al., 1961; Culter & Reed, 1975; Hall et al., 1978; Lasky, 1978; McKee & Wittkower, 1962; Schreiber, 1973; Wagner & Heise, 1974).

Some studies report that during their childhoods the persons who develop multiple personalities were imaginative, suggestible, and prone to fantasize (e.g., Allison, 1974; Beal, 1978; Congdon et al., 1961; Hall et al., 1978; McKee & Wittkower, 1962). These behavioral propensities are, of course, likely to be fostered by the isolation that results from pathological family environments. However, only a miniscule proportion of persons with these behavioral propensities who come from pathological and authoritarian families develop multiple personalities, and a few multiple personalities seem to come from more favorable family environments. The necessary and sufficient conditions for the development of multiple personality thus remain unclear.

Therapists, however, will continue to encounter multiple personality clients. Some success in treating multiple personalities has been reported by therapists with psychoanalytic (e.g., Jeans, 1976; Lasky, 1978; Schreiber, 1973; Stoller, 1973), behavioral (e.g., Kohlenberg, 1973; Price & Hess, 1979), hypnotherapy (e.g., Gruenewald, 1971; Howland, 1975; Winer, 1978), family systems therapy (e.g., Beal, 1978), and general supportive therapy (e.g., Thigpen & Cleckley, 1957) approaches. Structured videotaped sodium amobarbital interviews also have been found to be beneficial (Hall et al., 1978). Allison (1974) described a therapy approach that used one of the patient's personalities as a cotherapist. Culter and Reed (1975) suggest that multiple personalities also may tend toward remission over a period of several years. Additional case histories, experimental investigations, accounts of therapy effects, and follow-up reports may increase our limited understanding of this rare, fascinating, and disruptive disorder.

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